

APPLICATION

REQUEST FOR READMISSION



1. Complete each section of the application for readmission; indicate N/A if the question does not apply to you.
2. Enclose the \$10.00 non-refundable application fee. Your application will not be processed without it.
3. Provide official transcripts for any college/university that you have attended since leaving Montreat.
4. Sign and date the bottom of this application.

PERSONAL INFORMATION:

Name: _____
(First) (Middle) (Last)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Date of Birth: ____/____/____

Gender: Male Female *Religious Affiliation: _____

Are you a U.S. Citizen? Yes No If not, what is your status? _____

Are you a N.C. resident? Yes No Social Security Number: _____ - _____ - _____

*Ethnicity – Check only one: American Indian Asian/Pacific Islander Black/Non-Hispanic
 Hispanic White/Non-Hispanic Other: _____

*Marital Status: Single Married Divorced Separated Widowed

Proposed Entry Term/Year: Fall Semester 20____ Spring Semester 20____

COLLEGE INFORMATION:

List all colleges you have attended since your last attendance at Montreat College (most recent first). Use additional sheets of paper if necessary.

Name: _____ Location: _____ Dates Attended: _____

Name: _____ Location: _____ Dates Attended: _____

Name: _____ Location: _____ Dates Attended: _____

EMERGENCY INFORMATION AND AUTHORIZATION:

In case of an emergency, who can we contact? _____

Family Member: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Non-family Member: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

I certify that all answers and statements made in this application are true. If readmitted, I agree to abide by all the rules and regulations of the college as set forth in the catalog and other official publications of the college. I understand that I will be under the current catalog in force if readmitted after an absence of more than one semester. I certify that the information herein is current and complete. I understand that withholding information and/or giving false information will make me ineligible for admission and enrollment.

Applicant Signature: _____ Date: _____

Send completed application and \$10.00 application fee to:

Montreat College, ATTN: Registrar's Office, Box 1267, Montreat, NC 28757

Montreat College admits qualified students of any race, color, religion, sex, age, nationality or ethnic origin to all programs. Montreat College supports the attainment for all persons regardless of race, sex, nationality, age or disability. The college is committed to compliance with American Disabilities Act of 1990, as amended, and Section 504 of the Rehabilitation Act of 1973. Federal Law prohibits the College from making inquiries regarding disabilities, but information voluntarily given will not affect admission decision and will be used to assist student. If upon admission you require services because of a disability, you should notify the admission office of Montreat College.

* This information is optional and is used for compiling institutional data only; this information will not be used in readmission decisions.